EFFECTIVE AS A FINAL ORDER

DATE: 8/15/2023

JUL 25 2023

BEFORE THE BOARD OF HEALING ARTS OF THE STATE OF KANSAS KS State Board of Healing Arts

In the Matter of

Ainsly, Inc. d/b/a Hi Waldo CLD Kansas Registration No. 75-00030 Docket No. 24-HA 0000 4

SUMMARY ORDER

NOW ON THIS 25⁺⁺⁻⁻ day of July 2023, this matter comes before Susan Gile, Executive Director, Kansas State Board of Healing Arts ("Board"), in summary proceedings pursuant to K.S.A. 77-537.

Pursuant to K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

Findings of Fact

- 1. Ainsly, Inc. d/b/a/ Hi Waldo ("Registrant") was issued Registration No. 75-00030 to dispense contact lenses in Kansas on or about January 23, 2020. Registrant has been registered with the Board in good standing during all times pertinent to this Summary Order.
- 2. Registrant's last mailing address known to the Board is: CONFIDENTIAL

 CONFIDENTIAL

 Registrant's last email address as known to the Board is: CONFIDENTIAL Registrant last certified this contact information to be accurate on its renewal application submitted to the Board on or about February 11, 2021. (Exhibit 1: 2021 Renewal).

Summary Order Ainsly, Inc. d/b/a Hi Waldo Registration No. 75-00030 3. The factual basis for this Order is as follows:

On January 10, 2022, the Board received CONFIDENTIAL

CONFIDENTIAL

alleging Registrant had distributed contact lenses

in Kansas based on incorrect prescriptions, and without verifying such

prescriptions. CONFIDENTIAL

CONFIDENTIAL

b. On March 14, 2022, Board CONFIDENTIAL sent Registrant an initial request

for information, including a request for a list, printout, or other documentation of

all Kansas patients to whom Registrant had distributed contact lenses during the

timeframe relevant to the investigation, and also including a request for a written

narrative response to the complaint ("Board Request"). The Board Request was sent

via U.S. mail to Registrant at the last mailing address provided by Registrant to the

Board, in New York, New York. The Board Request was returned to sender as

undeliverable and provided no forwarding address. (Exhibit 2: March 14, 2022,

Correspondence).

c. On that same date, Board CONFIDENTIAL sent the first of two emails which

included the Board Request to the last email provided by Registrant to the Board.

CONFIDENTIAL did not receive a response to either email. Id.

d. On November 3, 2022, Board CONFIDENTIAL sent the Board Request via U.S.

mail to an address in London, United Kingdom, which was listed under the "Terms

& Conditions" on Registrant's website. This letter was returned to the Board.

Summary Order Ainsly, Inc. d/b/a Hi Waldo Registration No. 75-00030 (Exhibit 3: November 3, 2022, London, UK Correspondence; Exhibit 4: Hi Waldo Terms and Conditions, p. 14).

- e. On December 6, 2022, Board CONFIDENTIAL resent the Board Request via U.S. Mail again, directed to the individual designated by Registrant as bearing responsibility for overseeing Registrant's dispensing of contact lenses in Kansas, at an address in Mesquite, Texas. The Board request was returned to sender as undeliverable. (Exhibit 5: December 6, 2022, Correspondence).
- f. On the same date, Board CONFIDENTIAL sent an unencrypted email followed by an encrypted email containing the Board Request to an email address provided by Registrant as the contact information for the individual designated by Registrant as bearing responsibility for overseeing Registrant's dispensing of contact lenses in Kansas. These emails resulted in a message stating that the email address, as disclosed on Registrant's 2021 Renewal, did not exist. (Exhibit 5: December 6, 2022, Correspondence; Exhibit 1: 2021 Renewal, p. 2).
- g. On January 11, 2023, Board CONFIDENTIAL called the phone number provided by Registrant as the contact information for the individual designated by Registrant as bearing responsibility for overseeing Registrant's dispensing of contact lenses in Kansas. Board CONFIDENTIAL were directed to a voicemail inbox and instructed to leave a message, and in fact left a message for the individual to contact the Board. This voice message was not returned.

- h. On January 13, 2023, Board CONFIDENTIAL made a second attempt to call the phone number provided by the individual designated by Registrant as bearing responsibility for overseeing Registrant's dispensing of contact lenses in Kansas. Board CONFIDENTIAL were directed to a voicemail inbox and instructed to leave a message, and in fact left a second message for the individual to contact the Board. This voice message was not returned.
- i. On the same date, Board CONFIDENTIAL sent the Board Request via U.S. Mail to an additional dispensing facility address provided by Registrant on a Registrant's 2021 renewal application, in Carlisle, Pennsylvania. The Board Request also include a notice that a response was due to the Board no later than January 31, 2023. No response was received. (Exhibit 6: January 13, 2023, Correspondence; Exhibit 1: 2021 Renewal).

Applicable Law

- 4. K.S.A. 65-4967(c) of the Kansas Patient's Contact Lens Prescription Release Act (K.S.A. 65-4965 *et seq.*) sets forth the conditions required for a person or entity not licensed to practice optometry in Kansas to be granted the ability to dispense contact lenses in Kansas. Among other criteria, such person or entity must ensure it:
 - (4) will respond directly and within a reasonable period of time, not to exceed 15 days, to all communication from the state board of healing arts concerning the dispensing of contact lenses in Kansas;"
 - (6) agrees to cooperate with the state board of healing arts in providing information to the regulatory agency of any state where it is licensed or registered concerning matters related to the dispensing of contact lenses in Kansas;"....

Under K.S.A. 65-4968(a), "The state board of healing arts may revoke the registration or license of any person who is registered under K.S.A. 65-4967, and amendments thereto, or licensed by the state board of healing arts and who is dispensing contact lenses in Kansas

under this act for failure to comply with the requirements of the patient's contact lens prescription

release act."

5.

Conclusions of Law

6. The Board has jurisdiction over Registrant as well as the subject matter of this

proceeding, and such proceeding is held in the public interest.

7. The Board finds Registrant violated K.S.A. 65-4967(c)(4) by failing to respond

directly and within a reasonable period of time, not to exceed 15 days, to multiple communications

from the Board arts concerning the dispensing of contact lenses in Kansas.

8. The Board finds Registrant violated K.S.A. 65-4967(c)(6) by failing to cooperate

with the Board CONFIDENTIAL

by failing to provide lawfully requested

information concerning matters related to the dispensing of contact lenses in Kansas.

9. Based on the facts and circumstances set forth herein, the use of summary

proceedings in this matter is appropriate, in accordance with the provisions set forth in K.S.A. 77-

537(a), in that the use of summary proceedings does not violate any provision of law, and the

protection of the public interest does not require the Board to give notice and opportunity to

participate to persons other than Registrant.

Summary Order Ainsly, Inc. d/b/a Hi Waldo Registration No. 75-00030

IT IS HEREBY ORDERED that Registrant's registration to dispense contact lenses in the state of Kansas is REVOKED for its violations of the Kansas Patient's Contact Lens Prescription Release Act, K.S.A. 65-4965 et seq.

Dated this 25th day of Muly

2023.

KANSAS STATE BOARD OF HEALING ARTS SUSAN HELV

Susan Gile

Executive Director

FINAL ORDER NOTICE OF RIGHTS

PLEASE TAKE NOTICE that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, et seq. Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **FINAL ORDER** by depositing the same in the United States Mail, postage prepaid, on this 15th day of 2023, addressed and emailed to:

Ainsly, Inc. d/b/a Hi Waldo

Registrant

And a copy was hand-delivered to:

Matthew Gaus, Deputy Litigation Counsel Kansas State Board of Healing Arts 800 SW Jackson, Lower Level-Suite A Topeka, Kansas 66612 Matthew.gaus@ks.gov

Licensing Administrator Kansas State Board of Healing Arts 800 SW Jackson, Lower Level-Suite A Topeka, Kansas 66612

Office of the General Counsel Kansas State Board of Healing Arts 800 SW Jackson, Lower Level-Suite A Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.

Staff Signature

BOARD EXHIBIT # __1

2021 Renewal Application

Ainsly Inc.
In the matter of d/b/a HiWaldo, CLD

Docket No. TBD



APPLICATION FOR REGISTRATION TO DISPENSE CONTACT LENSES BY MAIL

Completion of this application form is necessary for consideration for registration. Disclosure of this information is voluntary; however, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for registration have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application may be subject to the public information laws of this state.

Please type or print. When space provided is insufficient, attach additional pages.

street

Registration to dispense contant lenses by mail expires one year following the date issued. The person to whom registration is issued is responsible for seeking renewal each year.

1. Business Name:					
Ainsly Inc 75-00030					
Other names used, inc	cluding trade names:	Hi Waldo			
2. Address:	NFIDENTIAL				-1-
public information	treet	city	county	state	zip
E-mail: CONFIDEN	TIAL				
Website: www.hiwaldo.co	om				
Dispensing Facility:	ONFIDENTIAL	city	county	state	zip
3. Phone number (in	clude area codes):				
Voice: +1CONFIDENTIAL	Fax: -		Toll Free for Consum	ners: ———	
4. Type of Business	(check one):				
☐ General Corp	oration	✓	Limited Partnership		
☐ Professional	Corporation		Partnership		
	ility Company		pleast file leternel francis (francis (fr		
The state of the s	SANATE AND MARK SUSCIENT				
☐ Other:					
5. Corporate Officer	rs:	not applicable			
President's Name:	ASHLEIGH HINDE	* *			
Trosident 5 Titalite.	first	middle	last		
Residential Address:	street	city	county	state	zip
	Street	City	county		
Secretary's Name:	first	middle	last		
D 11-4-1 A 11	mor		19.335602		
Residential Address:	street	city	county	state	zip
Treasurer's Name:	first	middle	last		
		mour	(7777)		
Residential Address:	street	city	county	state	zip

Residential Address:	street	city	county	state	zip
7. Name, title and str	reet address of each indi	vidual responsible for	overseeing the dispe	nsing of conta	act lenses to
persons located in K	ansas (attach list if more the	an one).			
Name: DAVID REINKEME	EYER - VP OF SALES middle	last		title	
		iast.		inic	
Address: CONFIDENT	city	state	zip	country	
CONFIDENTIAL	Fax:		E-mail:	CONFIDENTIAL	
Voice:	rax		L'indii.		
Does the state in v	which the dispensing fac	ility is located require	a license/registration	n to dispense	contact
enses?	which the dispensing me				
	Yes If yes please prov	ride:			
□ N0	s les in jes preuse pro				
tate/Country/Jurisdic	ction License, Registrant,	Certificate no. Statu	S	Issue Date	
. Regular Hours of	Operation				
. Regular Hours of	operation.				
MON 9am - 5pm	TU	E 9am - 5pm	WED.	9am - 5pm	
THU 9am - 5pm	FR	9am - 5 pm	SAT	9am - 5pm	
SUN 9am - 5pm					
10. Applicant acknow	wedges and certifies as f	ollows:			
Applicant is a	required to comply with d	irections and request for	or information from the	e appropriate i	egulatory agency
of each state in which	applicant is licensed or r	egistered;			
) Applicant is	required to respond direct	ly and within a reasona	ble period of time, no	t to exceed 15	days, to all
ommunications fron	the Kansas State Board	of Healing Arts concer	ning the dispensing of	contact lenses	; compensating valid
	required to maintain recor	ds of contact lenses the	at are dispensed in Kar	nsas, and their	corresponding valid
nexpired prescriptio	ons; required and agrees to coo	narata with the Vance	State Board of Healin	na Arts in pros	viding information to
d) Applicant is:	of any state in which the	Applicant is licensed	or registered concerning	ng matters rela	ted to the dispensing
in regulatory agency	or any owner in miner the	- I F			

6. Agent Designated for Service of Legal Process:

contact lenses in Kansas;

provided with mailed contact lenses;

determined the contact lens prescription;

e) Applicant is required to provide a toll-free telephone service for responding to questions and complaints from individuals in Kansas during Applicant's regular hours of operation, and agrees to include the toll-free number in literature

Applicant is required and agrees to refer all questions relating to eye care for the lenses prescribed to the licensee who

- Applicant is required and agrees to provide the following written notification whenever contact lenses are g) supplied: WARNING: IF YOU ARE HAVING ANY OF THE FOLLOWING SYMPTOMS, REMOVE YOUR LENSES IMMEDIATELY AND CONSULT YOUR EYE CARE PRACTITIONER BEFORE WEARING YOUR LENSES AGAIN: UNEXPLAINED EYE DISCOMFORT, WATERING, VISION CHANGE OR REDNESS.
- Applicant is required and agrees to fill contact lens prescriptions without deviation or substitution of lenses h) and according to the strict directions of a person who is either licensed to practice optometry or medicine and surgery in the State of Kansas; and
- Applicant submits to the personal jurisdiction of the courts of the State of Kansas and the of the Kansas State i) Board of Healing Arts, and waives any claim that the Applicant does not have sufficient minimal contact with the State of Kansas or that the courts or the Kansas State Board of Healing Arts might lack personal jurisdiction in connection with any judicial or administrative action arising out of the dispensing of contact lenses by mail within the State of Kansas.

I. Ashleigh H	inde	, hereby certify that I acknowledge the terms, conditions and requirements of
Kansas law for disp questions in the for	pensing contact regoing applicati	lenses by mail, and that I certify compliance with those laws. I have carefully read the ion and have answered them correctly and without reservation.
Signature:	Mind	

Date: 2021/01/14

Print Name: Ashleigh Hinde

11. Fees:

Contact lenses registration \$150.00.

Make the fee payable to: Kansas State Board of Healing Arts or charge by credit/debit card using the attached authorization form.

Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

OFFICIAL RECEIPT KANSAS BOARD OF HEALING ARTS 800 SW Jackson, Lower Level-Suite A Topeka, KS 66612 (785) 296-7413

RECEIPT NUMBER: 650572

DATE: 01/22/2021

NAME:

LICENSE TYPE:

FEE:

LIC#:

Ainsly Ltd

Renewal

AMOUNT: 150.00

TYPE: Credit Card

CH/CC #: 112024

RECEIVED FROM:

Ainsly Inc

CONFIDENTIAL

BOARD EXHIBIT # 2

March 14, 2022 Correspondence

In the matter of d/b/a HiWaldo, CLD

Docket No. TBD



CONFIDENTIAL

IMPORTANT NOTICE TO RECORDS CUSTODIAN AND STAFF

* * * PLEASE READ CAREFULLY * * *

The Kansas State Board of Healing Arts ("Board") genuinely appreciates your cooperation with this records request. We attempt to avoid problems that complicate the process or make complying any more of a burden than absolutely necessary. Please note the following guidelines to help avoid any issues:

- AUTHORITY: The Board is a Health Oversight Agency as defined by HIPAA.
- 2. **FEES:** As a Health Oversight Agency, the Board respectfully requests the waiver of any associated fees. If this is not possible, please enclose an itemized invoice including your facility's Tax Identification Number.
- 3. <u>AFFIDAVIT(S)</u>: The purpose of the affidavit is to ensure you will <u>not</u> be subpoenaed to testify about the authenticity and completeness of the records. Contact the investigator if you did not receive an affidavit. Please complete the top and bottom portions of the enclosed affidavit(s). Attach the affidavit on top of each individual set of subpoenaed records including, but not limited to: patient records, peer review, and records for multiple patients. A different affidavit may be used, as long as it is complete and notarized.
- 4. "ANY and ALL" RECORDS: Includes diagnostic images and films, pre- and post-operative photographs, and all records from other practitioners, facilities, and other sources that are part of the record in your possession. Images and films and records from other sources should be enclosed with the records submitted from your office or facility. If you are submitting original films, indicate that they are the originals and whether they need to be returned upon completion of the investigation.
- RECORDS MAINTAINED BY OTHER DEPARTMENTS: Please obtain records maintained by other departments, if applicable, and submit all records in one delivery. If necessary, provide copies of this subpoena and attachments to the appropriate department or individual.
- 6. COMPLETE & LEGIBLE: If you submit incomplete or illegible records, you may be required to resubmit them. Please ensure the following:
 - A. UNALTERED—DO NOT edit or redact materials without prior authorization from the investigator including, but not limited to: patient/medical records, peer review and risk management records, and/or investigative records.
 - B. ONE-SIDED DOCUMENTS—Copy 2-sided pages onto 1-sided pages.
 - C. MARGINS—All information must be copied completely.
 - D. **ATTACHED NOTES**—Ensure that post-it notes or other items attached to the documents do not cover any portion of the record. If necessary, copy any notes onto a separate page.
 - E. BINDING—NO STAPLES OR NOTEBOOKS—Paperclips or other binder clips and colored cover sheets identifying separate patient records and/or records from separate sources are encouraged and preferred over tabbed dividers.
 - F. CONTRAST—The copies should be easy to read.
 - G. PASSWORDS— Provide all passwords to documents including but not limited to Read/Open and Permissions passwords.

PLEASE CONTACT THE INVESTIGATOR WITH ANY QUESTIONS OR CONCERNS.

CON	IFID	FNT	ΊΔΙ	
CON	טו זע	ו צוםי		

AFFIDAVIT OF CUSTODIAN OF RECORDS

Re	ords:		
Sta	te of,		
Co	unty of		
	I,, being first duly sworn, on oath, depose and say that:		
1	37 Feb. 374-35-574 (1953-1954)		
1.	I am a duly authorized custodian of the records of and have the authority to certify those records. (NAME OF TREATMENT FACILITY AND DEPARTMENT)		
The copy of the records attached to this affidavit is a true copy of the records described in the subpoena or otherwise reque an authorized investigator of the Kansas State Board of Healing Arts.			
3.	The records were prepared by the personnel or staff of the business, or persons acting under their control, in the regular course of the business at or about the time of the act, condition or event recorded.		
	Signature of Custodian		
	Subscribed and sworn to before the undersigned on,		
_	Signature of Notary Public My Appointment Expires: CERTIFICATE OF MAILING OR DELIVERY		
Ιh	ereby certify that on		
ab	CONFIDENTIAL Kansas State Board of Healing Arts 800 SW Jackson, Lower Level-Suite A Topeka, Kansas 66612-1244		
by	depositing it with the United States Postal Service <i>OR</i> (SPECIFY DELIVERY SERVICE USED, IF OTHER) for delivery with postage prepaid.		
	Subscribed and sworn to before the undersigned on		
	Signature of Notary Public		
	My Appointment Expires:		

From: To: Schiesser, Sharon [KSBHA]
CONFIDENTIAL

Subject:

Ainsly Inc [Read Receipt requested] (encrypt)

Date:

Monday, March 14, 2022 8:45:00 AM

Attachments:

Letter to Ainsly Inc-HiWaldo-Unregistered 03-14-2022.pdf

Dear Ainsly, Inc. d/b/a Hi Waldo Legal Department or whom it may concern:

CONFIDENTIAL

Sharon Schiesser, CMBI | Special Investigator Kansas State Board of Healing Arts

800 SW Jackson St, Lower Level Ste A | Topeka, KS 66612-1244

Direct: (785) 296-6288 | Disciplinary Dept. Confidential Fax: (785) 368-7103

Sharon.Schiesser@ks.gov | www.ksbha.org

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

From:

Schiesser, Sharon [KSBHA]

To:

CONFIDENTIAL

Subject:

Notice of Pending Encrypted Email from the Kansas State Board of Healing Arts

Date:

Monday, March 14, 2022 8:38:00 AM

This is notification that you will soon receive an encrypted email from the Kansas State Board of Healing Arts. Please be aware the State's current encryption service will not open on a smart phone and must be opened on a computer. The correspondence attached to the encrypted message has also been sent via U.S. mail. Thank you.

Sharon Schiesser, CMBI | Special Investigator

Kansas State Board of Healing Arts

800 SW Jackson St, Lower Level Ste A | Topeka, KS 66612-1244

Direct: (785) 296-6288 | Disciplinary Dept. Confidential Fax: (785) 368-7103

Sharon.Schiesser@ks.gov | www.ksbha.org

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

BOARD EXHIBIT # 3

London, UK Correspondence dated November 3, 2022

Ainsly, Inc.

In the matter of d/b/a HiWaldo, CLD

Docket No. TBD





IMPORTANT NOTICE TO RECORDS CUSTODIAN AND STAFF

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- AUTHORITY: The Board is a Health Oversight Agency as defined by HIPAA.
- FEES: As a Health Oversight Agency, the Board respectfully requests the waiver of any associated fees. If this is not possible, please enclose an itemized invoice including your facility's Tax Identification Number.
- 3. <u>AFFIDAVIT(S)</u>: The purpose of the affidavit is to ensure you will <u>not</u> be subpoenaed to testify about the authenticity and completeness of the records. Contact the investigator if you did not receive an affidavit. Please complete the top and bottom portions of the enclosed affidavit(s). Attach the affidavit on top of each individual set of subpoenaed records including, but not limited to: patient records, peer review, and records for multiple patients. A different affidavit may be used, as long as it is complete and notarized.
- 4. "ANY and ALL" RECORDS: Includes diagnostic images and films, pre- and post-operative photographs, and all records from other practitioners, facilities, and other sources that are part of the record in your possession. Images and films and records from other sources should be enclosed with the records submitted from your office or facility. If you are submitting original films, indicate that they are the originals and whether they need to be returned upon completion of the investigation.
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- 6. COMPLETE & LEGIBLE: If you submit incomplete or illegible records, you may be required to resubmit them. Please ensure the following:
 - A. UNALTERED—DO NOT edit or redact materials without prior authorization from the investigator including, but not limited to: patient/medical records, peer review and risk management records, and/or investigative records.
 - B. ONE-SIDED DOCUMENTS—Copy 2-sided pages onto 1-sided pages.
 - MARGINS—All information must be copied completely.
 - D. ATTACHED NOTES—Ensure that post-it notes or other items attached to the documents do not cover any portion of the record. If necessary, copy any notes onto a separate page.
 - E. BINDING—NO STAPLES OR NOTEBOOKS—Paperclips or other binder clips and colored cover sheets identifying separate patient records and/or records from separate sources are encouraged and preferred over tabbed dividers.
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CONICIDENTIAL	
CONFIDENTIAL	
OOM IDENTIFIC	

AFFIDAVIT OF CUSTODIAN OF RECORDS

Re	rds:
Sta	of,
Со	ty of,
	I,, being first duly sworn, on oath, depose and say that:
1.	am a duly authorized custodian of the records of and and the authority to certify those records. (NAME OF TREATMENT FACILITY AND DEPARTMENT)
2.	The copy of the records attached to this affidavit is a true copy of the records described in the subpoena or otherwise requested by an authorized investigator of the Kansas State Board of Healing Arts.
3.	The records were prepared by the personnel or staff of the business, or persons acting under their control, in the regular course of the business at or about the time of the act, condition or event recorded.
	Signature of Custodian Subscribed and sworn to before the undersigned on
8	Signature of Notary Public My Appointment Expires:
-	CERTIFICATE OF MAILING OR DELIVERY
I h	eby certify that on,, I mailed ORa copy of the e affidavit with the records to:
	CONFIDENTIAL Kansas State Board of Healing Arts 800 SW Jackson, Lower Level-Suite A Topeka, Kansas 66612-1244
by	epositing it with the United States Postal Service <i>OR</i> for delivery with postage prepaid.
	Signature of Custodian Subscribed and sworn to before the undersigned on
	Signature of Notary Public
	My Appointment Expires:

CONFIDENTIAL

Kansas State Board of Healing Arts

Special medicines Since A

Lower Level Suite A

800 Southwest Jackson Street

Topeka Kansas 66612

USA

Return Service Requested

3 NOV 2022 PM 6 L KANSAS CITY 640

11/03/2022 INST-CLASS MAIL 11/03/2022 INTL

ZIP 66606 041L12205136

Attention CEO Ainsly Limited/(dba WALDO)

CONFIDENTIAL

00122-0001



CONFIDENTIAL

IMPORTANT NOTICE TO RECORDS CUSTODIAN AND STAFF

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PLEASE CONTACT THE INVESTIGATOR WITH ANY QUESTIONS OR CONCERNS.

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AFFIDAVIT OF CUSTODIAN OF RECORDS

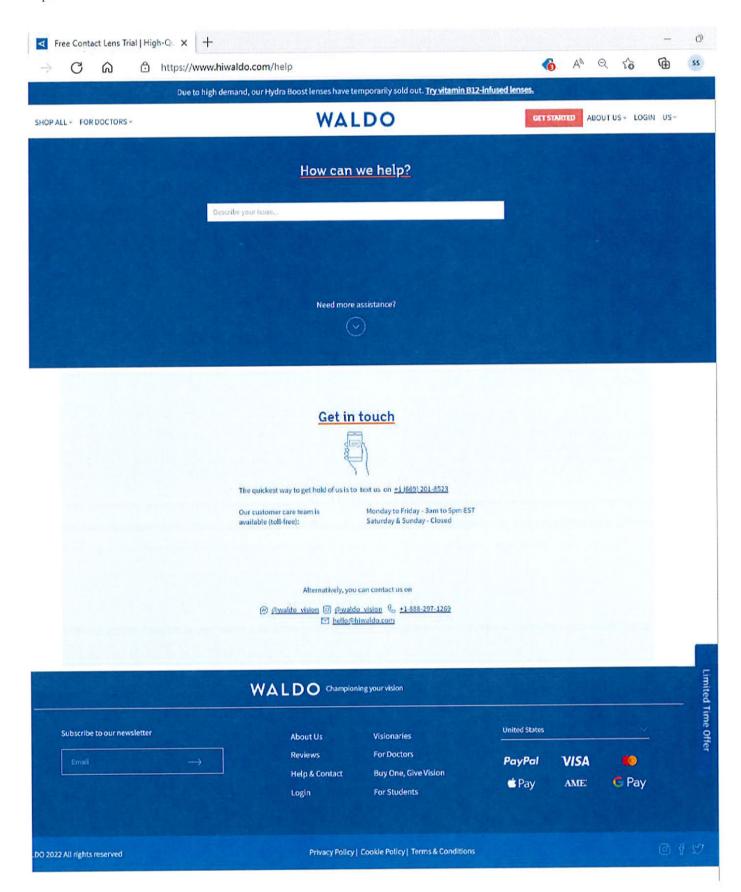
Records:	
State of	
County of	
I,(TYPE OR PRINT NAME)	, being first duly sworn, on oath, depose and say that:
have the authority to certify those records.	(NAME OF TREATMENT FACILITY AND DEPARTMENT)
The copy of the records attached to this affidavit an authorized investigator of the Kansas State Boa	is a true copy of the records described in the subpoena or otherwise requested by and of Healing Arts.
 The records were prepared by the personnel or stathe business at or about the time of the act, condit 	aff of the business, or persons acting under their control, in the regular course of ion or event recorded.
	Signature of Custodian
Subscribed and sworn	to before the undersigned on,
	Signature of Notary Public
	My Appointment Expires:
CERTIFICA	TE OF MAILING OR DELIVERY
I hereby certify that onabove affidavit with the records to:	,a copy of the (SPECIFY DELIVERY METHOD, IF OTHER)
СО	NFIDENTIAL
800	isas State Board of Healing Arts SW Jackson, Lower Level-Suite A ieka, Kansas 66612-1244
by depositing it with the United States Postal Service	OR for delivery with postage prepaid.
	Signature of Custodian
Subscribed and sworn	to before the undersigned on
	Signature of Notary Public
	My Appointment Expires:

BOARD EXHIBIT # 4

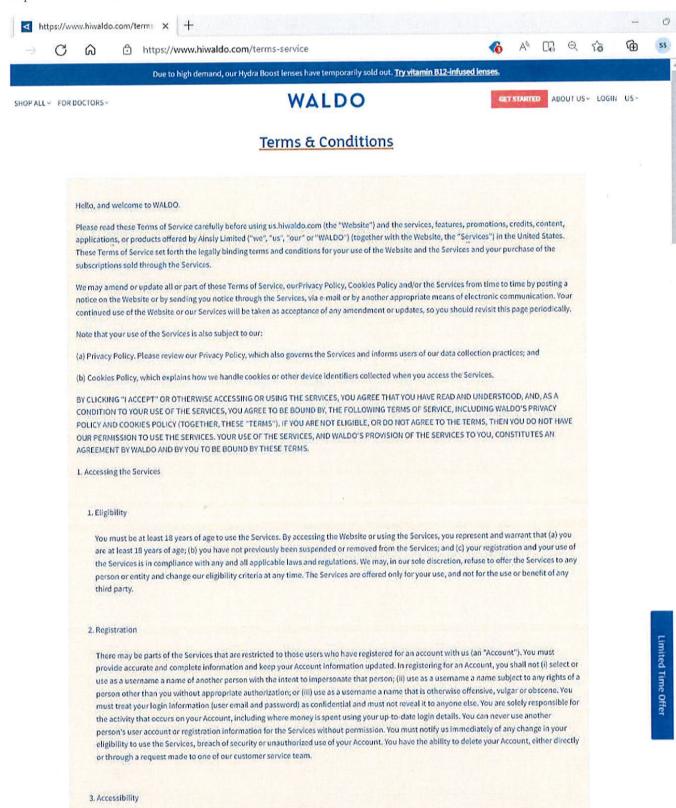
HiWaldo Terms and Conditions

In the matter of d/b/a HiWaldo, CLD

Docket No. TBD

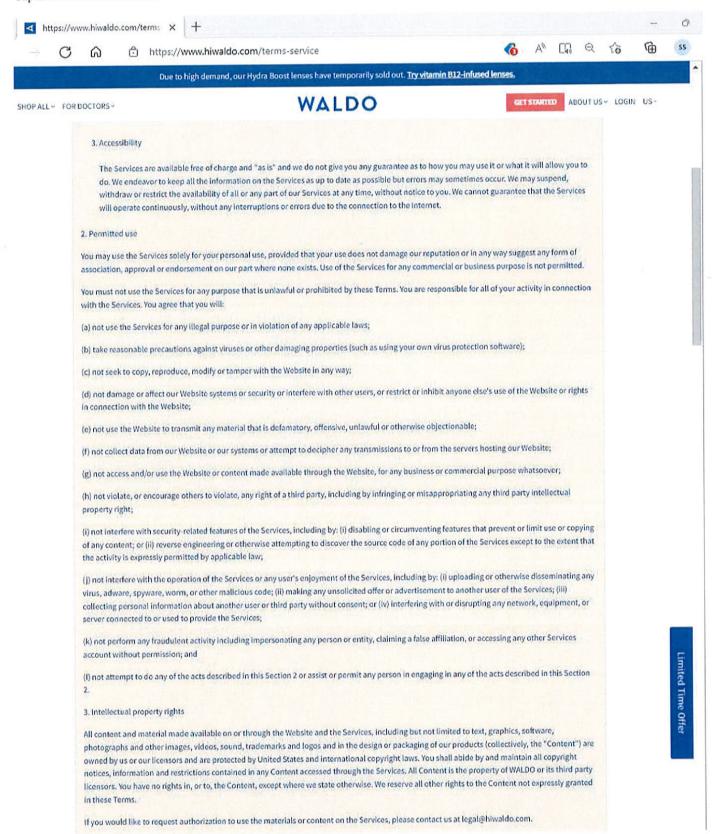


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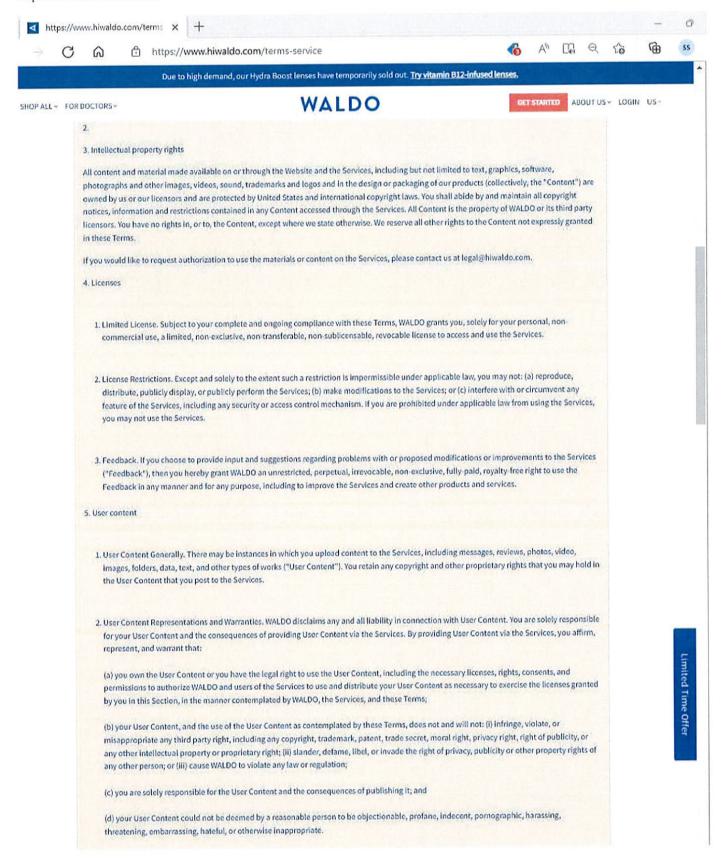


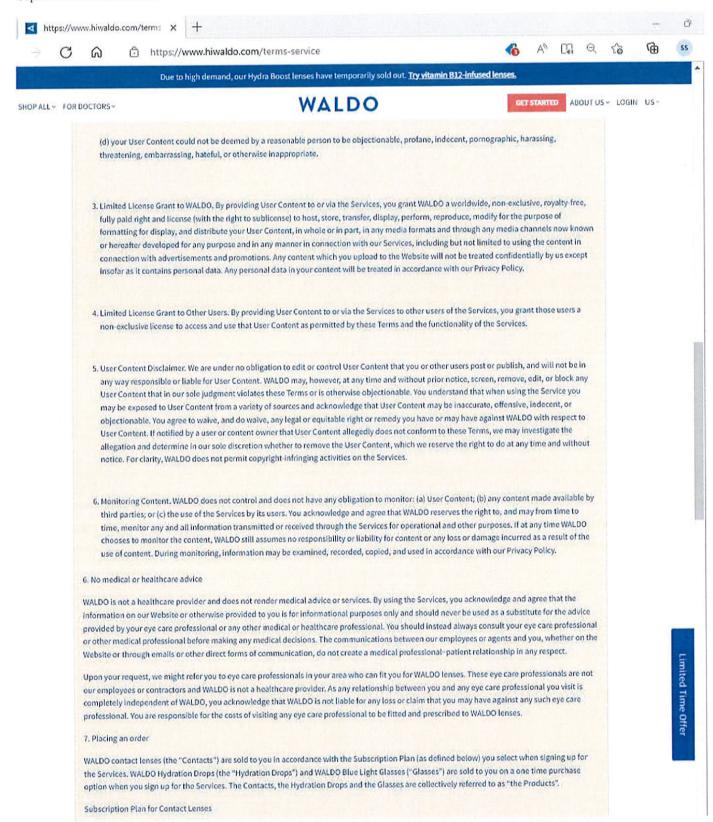
The Services are available free of charge and "as is" and we do not give you any guarantee as to how you may use it or what it will allow you to do. We endeavor to keep all the information on the Services as up to date as possible but errors may sometimes occur. We may suspend, withdraw or restrict the availability of all or any part of our Services at any time, without notice to you. We cannot guarantee that the Services will operate continuously, without any interruptions or errors due to the connection to the internet.

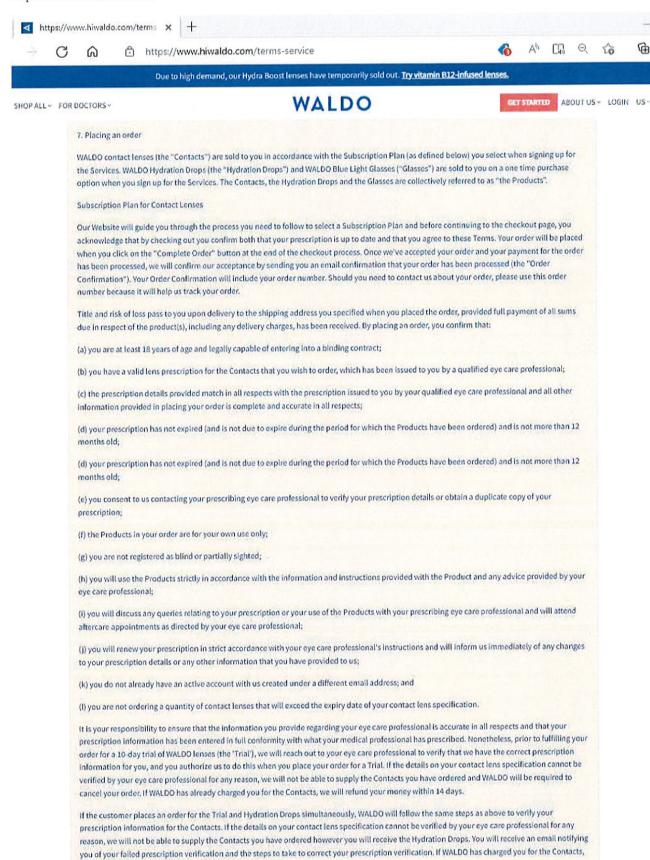
Captured 11/02/2022 ~SDS



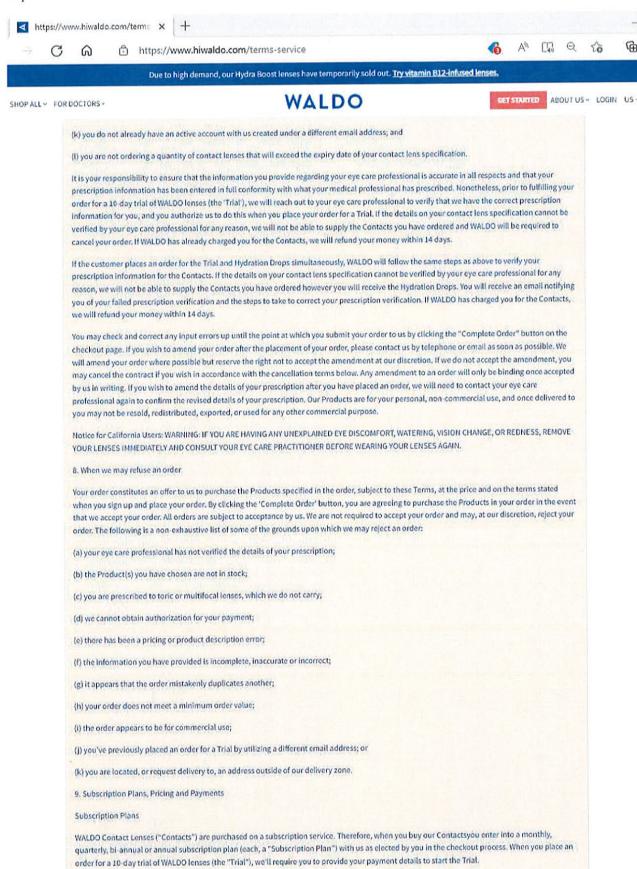
Captured 11/02/2022 ~SDS

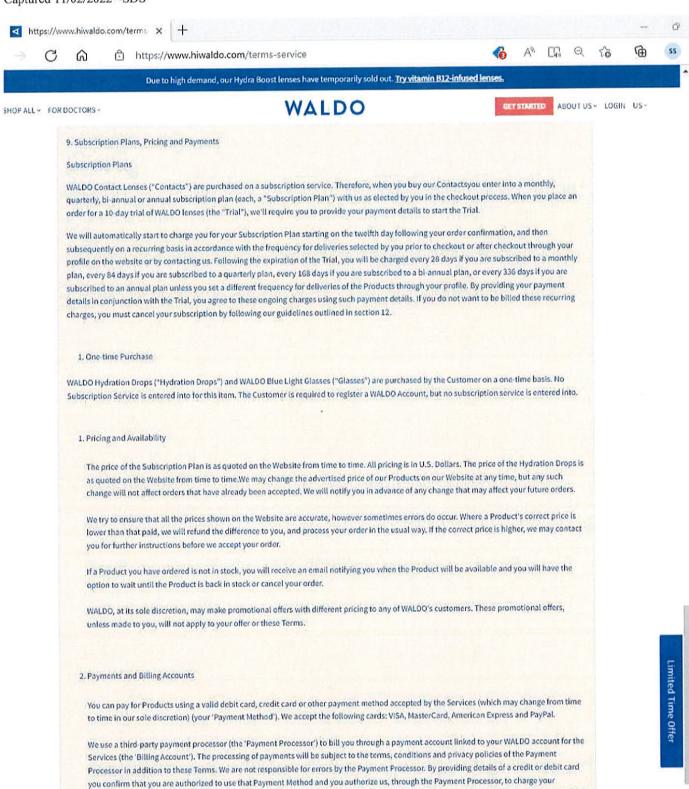






we will refund your money within 14 days.





Your non-termination or continued use of our Services reaffirms that we are authorized to bill your Payment Method in advance on a periodic basis, in accordance with the Subscription Plan you select, until you terminate the relevant Subscription Plan. You further agree to pay any charges so incurred, including but not limited to, any charges due at the time of termination for any Products ordered and shipped prior to cancellation but not returned to us in accordance with our return policy set out below.

payment method for the total amount of your order, including all applicable taxes. WALDO may seek pre-authorization of your Payment Method account prior to your purchase to verify that the Payment Method is valid and has the necessary funds or credit available to cover your



Your non-termination or continued use of our Services reaffirms that we are authorized to bill your Payment Method in advance on a periodic basis, in accordance with the Subscription Plan you select, until you terminate the relevant Subscription Plan. You further agree to pay any charges so incurred, including but not limited to, any charges due at the time of termination for any Products ordered and shipped prior to cancellation but not returned to us in accordance with our return policy set out below.

You must provide current, complete and accurate information for your Billing Account. You must promptly update all information to keep your Billing Account current, complete and accurate (such as a change in billing address, credit card number, or credit card expiration date), and you must promptly notify us if your card on file is canceled (e.g., for loss or theft) or if you become aware of a potential breach of security, such as the unauthorized disclosure or use of your user name or password. Changes to such information can be made directly in your account profile. If you fail to provide any of the foregoing information, you agree that we may continue charging you for any use of the Services under your Billing Account unless you have terminated your Services as set forth above.

WALDO may suspend or terminate access to the Services, including fee-based portions of the Services, for any account for which any amount is due but unpaid. In addition to the amount due for the Services, a delinquent account will be charged with fees or charges that are incidental to any chargeback or collection of any the unpaid amount, including collection fees.

10. Delivery

We will use our reasonable endeavors to deliver the Products to you at the estimated delivery time set out in the Order Confirmation unless you subsequently change this frequency through your Account on the Website. However, we cannot always guarantee that we will always be able to do so. If that is the case we will try to contact you as soon as we are able to in order to rearrange delivery.

We will deliver your Products to the address provided by you in your order, Please check to confirm that the delivery address you have provided is correct. If your delivery address contains errors, we may not be able to provide you with the Products or our delivery of the Products you order may be delayed.

11. Delivery charges

The prices shown on the website for the free Trial offer do not include the cost of delivery and will be shown separately on our website at the checkout stage before you place your order.

All recurring charges in respect of your Subscription Plan include delivery charges.

We reserve the right to charge you a reasonable additional amount if you are not available to accept the delivery and it is necessary to re-deliver your Products.

For one time purchases (OTP), any delivery charge incurred will be displayed on the checkout page and is required to be paid upon checkout.

12. Subscription Cancellation

You may cancel your Subscription Plan during your Trial after five days from the date of your Order Confirmation. These cancellation windows are designed to give you the opportunity to trial the Contacts to determine whether they are suitable for you before cancellation. Following the initial 5day window, you may cancel your Subscription Plan.

If you wish to cancel your Subscription Plan, you must do so by calling us at 1-888-297-1269 between 3am and 5pm EST, Monday through Friday. We are closed on weekends and federal holidays. Your Subscription Plan cannot be cancelled via email, social media or any other channel offered by the Services. It is your responsibility to cancel your Subscription Plan prior to the next renewal date under your Subscription Plan, and we are not responsible for cancellation requests that are made and not addressed by our customer service team in advance of your next renewal date. If you terminate your Subscription Plan, your subscription will not be renewed after your then current subscription term expires.

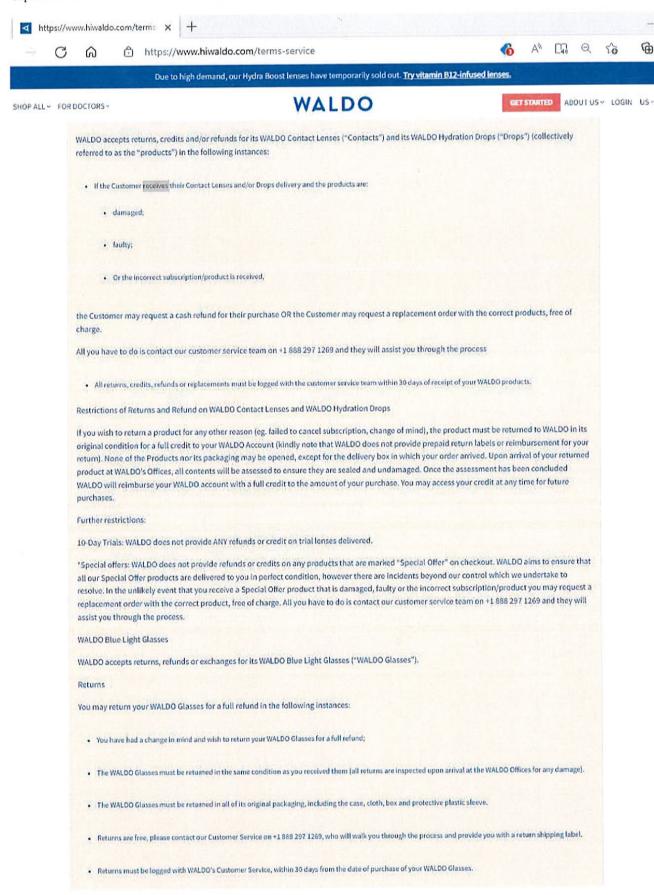
If you are a California resident, you have the ability to cancel your subscription online through your Club, WALDO do account.

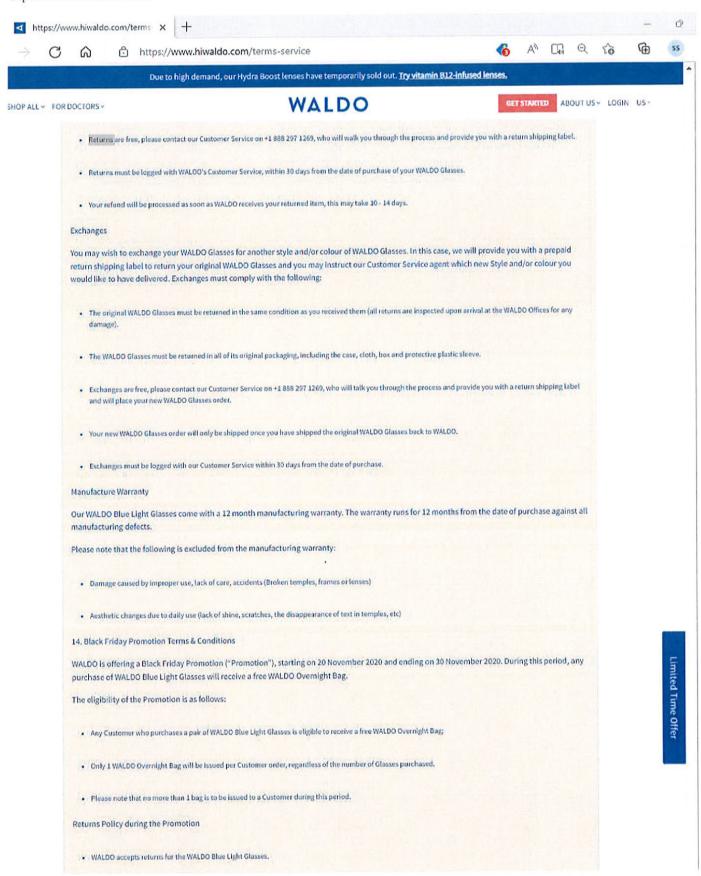
13. Returns, Credits and Refunds

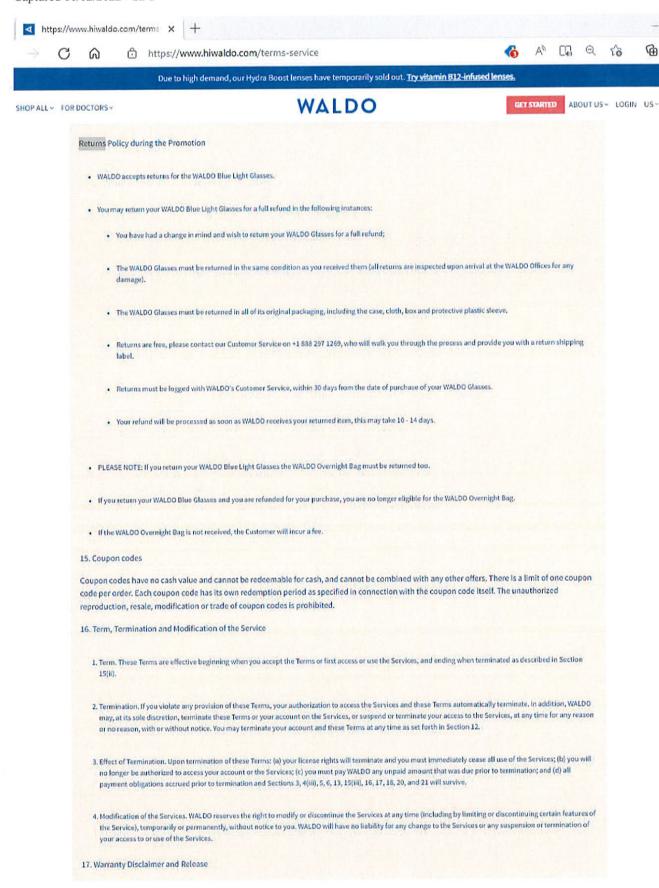
WALDO Contact Lenses and WALDO Hydration Drops

WALDO accepts returns, credits and/or refunds for its WALDO Contact Lenses ("Contacts") and its WALDO Hydration Drops ("Drops") (collectively referred to as the "products") in the following instances:

If the Customer receives their Contact Lenses and/or Drops delivery and the products are:









17. Warranty Disclaimer and Release

We have no special relationship with or fiduciary duty to you. You acknowledge that we have no duty to take any action regarding which users gain access to the Services, or how you may interpret or use the Content you access via the Services. To the fullest extent permitted by law, you agree to release, defend, indemnify and hold WALDO and our officers, directors, agents, consultants, affiliates, subsidiaries, and employees ("WALDO Entities") harmless from all liabilities, claims and expenses, including reasonable attorneys' fees, that arise from or relate to: (a) your unauthorized use of, or misuse of, the Services or Content; (b) your violation of any portion of these Terms; (c) your violation of any third party right, including any intellectual property right or publicity, confidentiality, other property, or privacy right; or (d) any dispute or issue between you and any third party. We reserve the right, at our own expense, to assume the exclusive defense and control of any matter otherwise subject to indemnification by you (without limiting your indemnification obligations with respect to that matter), and in that case, you agree to cooperate with our defense of those claims. We make no representations concerning any Content contained in or accessed through the Services, and we will not be responsible or liable for the accuracy, copyright compliance or legality of material or Content contained in or accessed through the Services.

If you are a California resident, you hereby waive California Civil Code Section 1542 or any other similar law of any jurisdiction, which says in substance: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which, if known by him must have materially affected his settlement with the debtor." If you are a resident of another jurisdiction, you waive any comparable statute or doctrine.

THE SERVICES AND ALL CONTENT ON THE SERVICES ARE PROVIDED "AS IS" AND WITHOUT WARRANTY OF ANY KIND. TO THE MAXIMUM EXTENT PERMITTED BY LAW, WALDO DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES OF ANY KIND, WHETHER EXPRESS OR IMPLIED, RELATING TO THE SERVICES OR ANY CONTENT ON THE SERVICES, WHETHER PROVIDED OR OWNED BY WALDO OR BY ANY THIRD PARTY, INCLUDING WITHOUT LIMITATION WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE, NON-INFRINGEMENT, FREEDOM FROM COMPUTER VIRUS, AND ANY IMPLIED WARRANTIES ARISING FROM COURSE OF DEALING, COURSE OF PERFORMANCE, OR USAGE IN TRADE, ALL OF WHICH ARE EXPRESSLY DISCLAIMED. IN ADDITION, WALDO DOES NOT REPRESENT OR WARRANT THAT THE SERVICES OR CONTENT ACCESSIBLE VIA THE SERVICES IS ACCURATE, COMPLETE, AVAILABLE, CURRENT, FREE OF VIRUSES OR OTHER HARMFUL modules, OR THAT THE RESULTS OF USING THE SERVICES WILL MEET YOUR REQUIREMENTS, AND WALDO DOES NOT WARRANT THAT ANY OF THOSE ISSUES WILL BE CORRECTED.

NO ADVICE OR INFORMATION, WHETHER ORAL OR WRITTEN, OBTAINED BY YOU FROM THE SERVICES OR WALDO ENTITIES OR ANY MATERIALS OR CONTENT AVAILABLE THROUGH THE SERVICE WILL CREATE ANY WARRANTY REGARDING ANY OF THE WALDO ENTITIES OR THE SERVICE THAT IS NOT EXPRESSLY STATED IN THESE TERMS. WE ARE NOT RESPONSIBLE FOR ANY DAMAGE THAT MAY RESULT FROM THE SERVICE AND YOUR DEALING WITH ANY OTHER SERVICE USER. YOU UNDERSTAND AND AGREE THAT YOU USE ANY PORTION OF THE SERVICE AT YOUR OWN DISCRETION AND RISK, AND THAT WE ARE NOT RESPONSIBLE FOR ANY DAMAGE TO YOUR PROPERTY (INCLUDING YOUR COMPUTER SYSTEM OR MOBILE DEVICE USED IN CONNECTION WITH THE SERVICE) OR ANY LOSS OF DATA, INCLUDING USER CONTENT.

18. LIMITATION OF LIABILITY

TO THE GREATEST EXTENT PERMITTED BY LAW, IN NO EVENT SHALL THE WALDO ENTITIES BE LIABLE UNDER CONTRACT, TORT, STRICT LIABILITY, NEGLIGENCE OR ANY OTHER LEGAL OR EQUITABLE THEORY WITH RESPECT TO THE SERVICES (I) FOR ANY LOST PROFITS, DATA LOSS, COST OF PROCUREMENT OF SUBSTITUTE GOODS OR SERVICES, OR SPECIAL, INDIRECT, INCIDENTAL, PUNITIVE, COMPENSATORY OR CONSEQUENTIAL DAMAGES OF ANY KIND WHATSOEVER (HOWEVER ARISING), (II) FOR ANY BUGS, VIRUSES, TROJAN HORSES OR THE LIKE (REGARDLESS OF THE SOURCE OF ORIGINATION) OR (III) FOR ANY DIRECT DAMAGES IN EXCESS (IN THE AGGREGATE) OF THE GREATER OF (A) FEES PAID TO US FOR THE PARTICULAR SERVICES DURING THE IMMEDIATELY PREVIOUS THREE (3) MONTH PERIOD OR (8) \$100.00.

19. Other important terms

If we reasonably believe that you have breached these Terms, we may take such action as we consider appropriate, including but not limited to withdrawing your right to use the Services.

- L Assignment. These Terms are personal to you, and may not be assigned or transferred by you to another person except with our prior written consent. We may transfer our obligations under the contract to another organization, but this will not affect your rights or our obligations to you under these Terms.
- 2. Third Party Rights. The contract is between you and us. No other person shall have any rights to enforce any of its terms.
- Entire Agreement. These Terms, together with the Privacy Policy and Cookies Policy, set out the entire agreement between you and us in respect of your use of
 the Website and the Services.

- 3. Entire Agreement. These Terms, together with the Privacy Policy and Cookies Policy, set out the entire agreement between you and us in respect of your use of the Website and the Services.
- 4. Severability. Each of the clauses of these Terms operates separately. If any court or relevant authority decides that any of them are unlawful or unenforceable, the remaining clauses will remain in full force and effect.
- 5. No Agency, No agency, partnership, joint venture or employment relationship is created as a result of these Terms and neither party has any authority of any kind to hind the other in any respect.
- 6. No Waiver. If we fail to insist that you perform any of your obligations under these Terms, or if we do not enforce our rights against you, or if we delay in doing so, that will not mean that we have waived our rights against you and will not mean that you do not have to comply with those obligations. If we do waive a default by you, we will only do so in writing, and that will not mean that we will automatically waive any later default by you.
- 7. Governing Law. These Terms (and any non-contractual obligations arising out of or in connection with them) are governed by English law. This means a contract for the purchase of products through our Website and any dispute or claim arising out of or in connection with it will be governed by English law.
- 8. Disputes. You and we both agree that the courts of England and Wales will have exclusive jurisdiction over any dispute arising between us regarding these Terms of Sarutes.

20. Third Party Services

The Services may contain links to other websites, services or resources on the Internet, and other websites, services or resources may contain links to the Services. When you access third party resources on the Internet, you do so at your own risk. These other resources are not under our control, and you acknowledge that we are not responsible or liable for the content, functions, accuracy, legality, appropriateness or any other aspect of such websites or resources. The inclusion of any such link does not imply our endorsement or any association between us and their operators. You further acknowledge and agree that we shall not be responsible or liable, directly or indirectly, for any damage or loss caused or alleged to be caused by or in connection with the use of or reliance on any such content, goods or services available on or through any such website or resource.

21. Special Notices

1. Notice for California Users

Under California Civil Code Section 1789.3, users of the Services from California are entitled to the following specific consumer rights notice:

The Complaint Assistance Unit of the Division of Consumer Services of the California Department of Consumer Affairs may be contacted in writing at 1625 North Market Blvd., Suite N 112, Sacramento, CA 95834, or by telephone at (916) 445-1254 or (800) 952-5210. You may contact us at Ainsly Limited (dba WALDO), 71-75 Shelton Street, London, WC2H 98P, Attention: CEO or by telephone at +44 20 3176 8063.

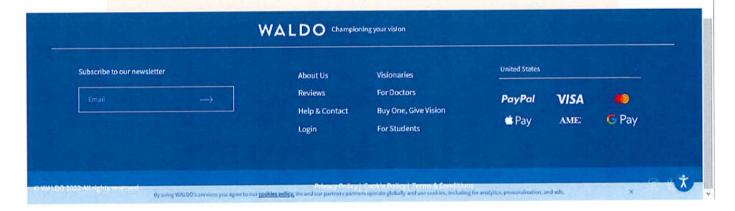
2. Notice for Maine Users

Under Title 32, Chapter 117 Maine Pharmacy Act and the associated implementing Rules, users of the Service from Maine are entitled to the following specific consumer rights notice: Complaints against the mail order contact lens supplier may be filed with the Complaint Coordinator, Office of Licensing and Registration, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8660, or on the worldwide web at www.MaineProfessional Reg.org.

22. Contact us

If you have any queries or complaints about this Website or our Services, please email us at hello@hiwaldo.com or visit the Contact Us section of the Website.

These Terms of Use were last updated on: November 03, 2020



BOARD EXHIBIT # 5

December 6, 2022 Correspondence

In the matter of d/b/a HiWaldo CLD

Docket No. TBD





IMPORTANT NOTICE TO RECORDS CUSTODIAN AND STAFF

* * * PLEASE READ CAREFULLY * * *

The Kansas State Board of Healing Arts ("Board") genuinely appreciates your cooperation with this records request. We attempt to avoid problems that complicate the process or make complying any more of a burden than absolutely necessary. Please note the following guidelines to help avoid any issues:

- AUTHORITY: The Board is a Health Oversight Agency as defined by HIPAA.
- 2. **FEES:** As a Health Oversight Agency, the Board respectfully requests the waiver of any associated fees. If this is not possible, please enclose an itemized invoice including your facility's Tax Identification Number.
- 3. <u>AFFIDAVIT(S)</u>: The purpose of the affidavit is to ensure you will <u>not</u> be subpoenaed to testify about the authenticity and completeness of the records. Contact the investigator if you did not receive an affidavit. Please complete the top and bottom portions of the enclosed affidavit(s). Attach the affidavit on top of each individual set of subpoenaed records including, but not limited to: patient records, peer review, and records for multiple patients. A different affidavit may be used, as long as it is complete and notarized.
- 4. "ANY and ALL" RECORDS: Includes diagnostic images and films, pre- and post-operative photographs, and all records from other practitioners, facilities, and other sources that are part of the record in your possession. Images and films and records from other sources should be enclosed with the records submitted from your office or facility. If you are submitting original films, indicate that they are the originals and whether they need to be returned upon completion of the investigation.
- RECORDS MAINTAINED BY OTHER DEPARTMENTS: Please obtain records maintained by other departments, if applicable, and submit all records in one delivery. If necessary, provide copies of this subpoena and attachments to the appropriate department or individual.
- 6. <u>COMPLETE & LEGIBLE</u>: If you submit incomplete or illegible records, you may be required to resubmit them. Please ensure the following:
 - A. UNALTERED—DO NOT edit or redact materials without prior authorization from the investigator including, but not limited to: patient/medical records, peer review and risk management records, and/or investigative records.
 - B. ONE-SIDED DOCUMENTS—Copy 2-sided pages onto 1-sided pages.
 - C. MARGINS—All information must be copied completely.
 - D. **ATTACHED NOTES**—Ensure that post-it notes or other items attached to the documents do not cover any portion of the record. If necessary, copy any notes onto a separate page.
 - E. BINDING—NO STAPLES OR NOTEBOOKS—Paperclips or other binder clips and colored cover sheets identifying separate patient records and/or records from separate sources are encouraged and preferred over tabbed dividers.
 - F. CONTRAST—The copies should be easy to read.
 - G. PASSWORDS— Provide all passwords to documents including but not limited to Read/Open and Permissions passwords.

PLEASE CONTACT THE INVESTIGATOR WITH ANY QUESTIONS OR CONCERNS.

CONFIDENTIAL

AFFIDAVIT OF CUSTODIAN OF RECORDS

Reco	ords:					
State	e of,					
Cour	nty of,					
	I,(TYPE OR PRINT NAME)	, being first duly sworn, on oath, depose and say that:				
1 1						
1. I	have the authority to certify those records.	(NAME OF TREATMENT FACILITY AND DEPARTMENT)				
2.	The copy of the records attached to this affidavit is an authorized investigator of the Kansas State Board	a true copy of the records described in the subpoena or otherwise requested by d of Healing Arts.				
3. í	The records were prepared by the personnel or staff the business at or about the time of the act, condition	of the business, or persons acting under their control, in the regular course of n or event recorded.				
	Sig	nature of Custodian				
	Subscribed and sworn to	before the undersigned on				
	Sig	nature of Notary Public				
	M	y Appointment Expires:				
	CERTIFICATI	E OF MAILING OR DELIVERY				
	reby certify that on	, I mailed OR a copy of the (SPECIFY DELIVERY METHOD, IF OTHER)				
		FIDENTIAL				
	Kansa 800 SV	s State Board of Healing Arts W Jackson, Lower Level-Suite A a, Kansas 66612-1244				
by d	lepositing it with the United States Postal Service Of	R for delivery with postage prepaid.				
	Sig	gnature of Custodian				
	Subscribed and sworn to	before the undersigned on,				
	Sig	gnature of Notary Public				
	M	ly Appointment Expires:				

From:

Schiesser, Sharon [KSBHA]

To:

David.Reinkemeyer@dmfilfilment.com; David.Reinkemeyer@dmfulfillment.com

Subject:

Notice of Encrypted Email from the Kansas State Board of Healing Arts - CONFIDENTIAL

Date:

Tuesday, December 6, 2022 12:24:00 PM

Importance:

Dear Mr. Reinkemeyer:

CONFIDENTIAL

Sharon Schiesser, CMBI | Special Investigator

Kansas State Board of Healing Arts

800 SW Jackson St, Lower Level Ste A | Topeka, KS 66612-1244

Direct: (785) 296-6288 | Disciplinary Dept. Confidential Fax: (785) 368-7103

Sharon.Schiesser@ks.gov | www.ksbha.org

This e-mail and any attachments may contain confidential and privileged information and is intended for the addressee only. If you are not the intended recipient, you should destroy this message and notify the sender by reply e-mail. If you do not wish to receive information via e-mail, please contact the sender. Any disclosure, reproduction or transmission of this e-mail is prohibited without specific authorization from the sender.

S. Schiesser/

ansas

Laura Kelly, Governor

6 DEC 2022 PM 5 L

KANSAS CITY 640

800 SW Jackson, Lower Level-Suite A Topeka, KS 66612 105-00 Board of Healing Arts

RETURN SERVICE REQUESTED



David Reinkemeyer, VP of Sales

Ainslv. Inc. d/b/a Waldo

NOT DELLIVERAGE AS ADDRESSED UNASLE TO FORWARD

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BOARD EXHIBIT # 5

January 13, 2023 Correspondence

In the matter of d/b/a HiWaldo CLD

Docket No. TBD



CONFIDENTIAL

IMPORTANT NOTICE TO RECORDS CUSTODIAN AND STAFF

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- 3. <u>AFFIDAVIT(S)</u>: The purpose of the affidavit is to ensure you will <u>not</u> be subpoenaed to testify about the authenticity and completeness of the records. Contact the investigator if you did not receive an affidavit. Please complete the top and bottom portions of the enclosed affidavit(s). Attach the affidavit on top of each individual set of subpoenaed records including, but not limited to: patient records, peer review, and records for multiple patients. A different affidavit may be used, as long as it is complete and notarized.
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 - G. PASSWORDS— Provide all passwords to documents including but not limited to Read/Open and Permissions passwords.

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AFFIDAVIT OF CUSTODIAN OF RECORDS

Records:							
State of,							
County of,							
I,, being first duly sworn, on oath, depose and say that:							
1. I am a duly authorized custodian of the records of have the authority to certify those records. (NAME OF TREATMENT FACILITY AND DEPARTMENT)							
The copy of the records attached to this affidavit is a true copy of the records described in the subpoena or otherwise requested an authorized investigator of the Kansas State Board of Healing Arts.	by						
 The records were prepared by the personnel or staff of the business, or persons acting under their control, in the regular control the business at or about the time of the act, condition or event recorded. 							
Signature of Custodian	_						
Subscribed and sworn to before the undersigned on,	<u> </u>						
Signature of Notary Public My Appointment Expires:	_						
CERTIFICATE OF MAILING OR DELIVERY							
I hereby certify that on	he						
Kansas State Board of Healing Arts 800 SW Jackson, Lower Level-Suite A Topeka, Kansas 66612-1244							
by depositing it with the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service <i>OR</i> for delivery with postage prepair of the United States Postal Service (SPECIFY DELIVERY SERVICE USED, IF OTHER)	d.						
Signature of Custodian Subscribed and sworn to before the undersigned on	-						
Signature of Notary Public My Appointment Expires:	_						